

510(k) Summary for the Distractable WAVE Cage

OCT 17 2009

In accordance with 21 CFR 807.92 of the Federal Code of Regulations
the following 510(k) summary is submitted for the
Distractable WAVE Cage.

Date Prepared: December 1, 2008

1. **Submitter:**
Advanced Medical Technologies
Kasteler Str. 11
66620 Nonnweiler
GERMANY
- Contact Person:**
J.D. Webb
The OrthoMedix Group, Inc.
1001 Oakwood Blvd
Round Rock, TX 78681
Telephone: 512-388-0199
2. **Trade name:** Distractable WAVE cage
Common Name: intervertebral body fusion device
Classification Name: intervertebral body fusion device - lumbar
21 CFR section 888.3080
MAX
Class II
3. **Predicate or legally marketed devices which are substantially equivalent:**
The distractable WAVE cage is substantially equivalent to similar previously cleared cervical and lumbar intervertebral body fusion devices.
4. **Description of the device:**
The distractable WAVE cage is rectangular in shape. Cross section is trapezoidal with the lateral side 1mm higher than the medial. WAVE has a neutral and a 6° lordosis. The posterior end has a threaded hole for attaching insertion instruments, while the other end is solid and tapered. The WAVE cages are implanted in pairs.

The distractable WAVE cage is different from the previously cleared WAVE by the ability to distract the implant and restore disc height.

Materials:
PEEK-OPTIMA LT1 polymer (ASTM F2026 Standard Specification for Polyetheretherketone (PEEK) Polymers for Surgical Implant Applications).
5. **Intended Use:**
The distractable WAVE PLIF Cage is indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L2-S1. Degenerative disc disease is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. These DDD patients may have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s). Distractable WAVE PLIF Cage implants are to be used with autogenous bone graft and implanted via an open posterior approach. The distractable WAVE PLIF Cages are to be used with supplemental fixation. Patients should have at least (6) months of non-operative treatment prior to treatment with an intervertebral cage.
6. **Comparison of the technological characteristics of the device to predicate and legally marketed devices:**
The distractable WAVE cage has the same indications and material, and similar designs as previously cleared devices.
7. **Summary of Nonclinical Tests**
Tests performed according to ASTM F2077/F2267 indicate that the distractable WAVE cage meets required mechanical strengths.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
10903 New Hampshire Avenue
Document Mail Center - WO66-G609
Silver Spring, MD 20993-0002

Advanced Medical Technology, Inc.
% The Orthomedix Group, Inc.
Mr. J.D. Webb
1001 Oakwood Boulevard
Round Rock, Texas 78681

Re: K083626

OCT 17 2009

Trade/Device Name: Distractable WAVE PLIF Cage
Regulation Number: 21 CFR 888.3080
Regulation Name: Intervertebral Body Fusion Device
Regulatory Class: II
Product Code: MAX
Dated: September 15, 2009
Received: September 21, 2009

Dear Mr. Webb:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", with a long horizontal flourish extending to the right.

Mark N. Melkerson
Director
Division of Surgical, Orthopedic,
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): _____

Device Name: Distractable WAVE PLIF Cage

Indications for Use:

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Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)



(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices

510(k) Number K083626